

<i>SERFF Tracking Number:</i>	<i>TRVD-125263188</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>NIPPONKOA Insurance Company Ltd.,(U.S.Branch), ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025848</i>
<i>Company Tracking Number:</i>	<i>2007-08-0048-F</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Deluxe Property Form / Rule Filing</i>		
<i>Project Name/Number:</i>	<i>Deluxe Property Form / Rule Filing/2007-08-0048-F</i>		

Filing at a Glance

Companies: NIPPONKOA Insurance Company Ltd.,(U.S.Branch), The Charter Oak Fire Insurance Company, The Phoenix Insurance Company, The Travelers Indemnity Company, The Travelers Indemnity Company of America, The Travelers Indemnity Company Of Connecticut, Travelers Property Casualty Company of America

Product Name: Deluxe Property Form / Rule SERFF Tr Num: TRVD-125263188 State: Arkansas
Filing

TOI: 01.0 Property	SERFF Status: Closed	State Tr Num: AR-PC-07-025848
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)	Co Tr Num: 2007-08-0048-F	State Status:
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Authors: Margaret Salsbury, Tia Slivinsky	Disposition Date: 08/21/2007
	Date Submitted: 08/21/2007	Disposition Status: Approved
Effective Date Requested (New): 10/01/2007		Effective Date (New): 10/01/2007
Effective Date Requested (Renewal): 10/01/2007		Effective Date (Renewal): 10/01/2007

General Information

Project Name: Deluxe Property Form / Rule Filing	Status of Filing in Domicile: Authorized
Project Number: 2007-08-0048-F	Domicile Status Comments: Authorized in CT, Pending in NY
Reference Organization: n/a	Reference Number: n/a
Reference Title: n/a	Advisory Org. Circular: n/a
Filing Status Changed: 08/21/2007	
State Status Changed: 08/21/2007	Deemer Date:
Corresponding Filing Tracking Number: 2007-08-0048-R	
Filing Description:	
In compliance with the insurance laws and regulations in your state, our companies respectfully submit a revision to our proprietary commercial property program, Deluxe.	

<i>SERFF Tracking Number:</i>	<i>TRVD-125263188</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>NIPPONKOA Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025848</i>
	<i>Ltd.,(U.S.Branch), ...</i>		
<i>Company Tracking Number:</i>	<i>2007-08-0048-F</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Deluxe Property Form / Rule Filing</i>		
<i>Project Name/Number:</i>	<i>Deluxe Property Form / Rule Filing/2007-08-0048-F</i>		

The purpose of this filing is to file a revision to our Food Industry Amendatory Endorsement – DX T3 27 08 07, along with the introduction of two new optional endorsements Restaurant Wine Stock Endorsement – DX T4 10 08 07 and False Pretense – DX T4 11 08 07 for use with our Deluxe Property Coverage Part which is part of our independently filed OMNI II Program.

For a detailed explanation of our forms please refer to the enclosed filing memorandum along with the applicable forms transmittal supplements.

Company and Contact

Filing Contact Information

Margaret Salsbury, Senior Regulatory Analyst MSALSBUR@travelers.com
 One Tower Square (860) 277-6470 [Phone]
 Hartford, CT 06183 (860) 954-0580[FAX]

Filing Company Information

NIPPONKOA Insurance Company	CoCode: 27073	State of Domicile: New York
Ltd.,(U.S.Branch)		
One Tower Square	Group Code: 2558	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 98-0032627	

The Charter Oak Fire Insurance Company	CoCode: 25615	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 06-0291290	

The Phoenix Insurance Company	CoCode: 25623	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 06-0303275	

The Travelers Indemnity Company	CoCode: 25658	State of Domicile: Connecticut
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SERFF Tracking Number: TRVD-125263188 State: Arkansas
First Filing Company: NIPPONKOA Insurance Company State Tracking Number: AR-PC-07-025848
Ltd.,(U.S.Branch), ...
Company Tracking Number: 2007-08-0048-F
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)

Product Name: Deluxe Property Form / Rule Filing
Project Name/Number: Deluxe Property Form / Rule Filing/2007-08-0048-F

One Tower Square Group Code: 3548 Company Type:
Hartford, CT 06183 Group Name: State ID Number:
(860) 277-6470 ext. [Phone] FEIN Number: 06-0566050

The Travelers Indemnity Company of America CoCode: 25666 State of Domicile: Connecticut
One Tower Square Group Code: 3548 Company Type:
Hartford, CT 01683 Group Name: State ID Number:
(860) 277-6470 ext. [Phone] FEIN Number: 58-6020487

The Travelers Indemnity Company Of CoCode: 25682 State of Domicile: Connecticut
Connecticut
One Tower Square Group Code: 3548 Company Type:
Hartford, CT 06183 Group Name: State ID Number:
(860) 277-6470 ext. [Phone] FEIN Number: 06-0336212

Travelers Property Casualty Company of CoCode: 25674 State of Domicile: Connecticut
America
One Tower Square Group Code: 3548 Company Type:
Hartford, CT 06183 Group Name: State ID Number:
(860) 277-6470 ext. [Phone] FEIN Number: 36-2719165

SERFF Tracking Number: TRVD-125263188 State: Arkansas
First Filing Company: NIPPONKOA Insurance Company State Tracking Number: AR-PC-07-025848
Ltd.,(U.S.Branch), ...
Company Tracking Number: 2007-08-0048-F
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied
Lines)
Product Name: Deluxe Property Form / Rule Filing
Project Name/Number: Deluxe Property Form / Rule Filing/2007-08-0048-F

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 Flat Fee
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Charter Oak Fire Insurance Company	\$50.00	08/21/2007	15207943
The Phoenix Insurance Company	\$0.00	08/21/2007	
The Travelers Indemnity Company	\$0.00	08/21/2007	
The Travelers Indemnity Company of America	\$0.00	08/21/2007	
Travelers Property Casualty Company of America	\$0.00	08/21/2007	
The Travelers Indemnity Company Of Connecticut	\$0.00	08/21/2007	
NIPPONKOA Insurance Company Ltd.,(U.S.Branch)	\$0.00	08/21/2007	

State Specific

Check_No: n/a - EFT
Check_Amt: \$50.00
Check_Rec: n/a

<i>SERFF Tracking Number:</i>	<i>TRVD-125263188</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>NIPPONKOA Insurance Company Ltd.,(U.S.Branch), ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025848</i>
<i>Company Tracking Number:</i>	<i>2007-08-0048-F</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Deluxe Property Form / Rule Filing</i>		
<i>Project Name/Number:</i>	<i>Deluxe Property Form / Rule Filing/2007-08-0048-F</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/21/2007	08/21/2007

SERFF Tracking Number:	TRVD-125263188	State:	Arkansas
First Filing Company:	NIPPONKOA Insurance Company Ltd.,(U.S.Branch), ...	State Tracking Number:	AR-PC-07-025848
Company Tracking Number:	2007-08-0048-F		
TOI:	01.0 Property	Sub-TOI:	01.0001 Commercial Property (Fire and Allied Lines)
Product Name:	Deluxe Property Form / Rule Filing		
Project Name/Number:	Deluxe Property Form / Rule Filing/2007-08-0048-F		

Disposition

Disposition Date: 08/21/2007
Effective Date (New): 10/01/2007
Effective Date (Renewal): 10/01/2007
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: TRVD-125263188 State: Arkansas

First Filing Company: NIPPONKOA Insurance Company State Tracking Number: AR-PC-07-025848
 Ltd.,(U.S.Branch), ...

Company Tracking Number: 2007-08-0048-F

TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)

Product Name: Deluxe Property Form / Rule Filing

Project Name/Number: Deluxe Property Form / Rule Filing/2007-08-0048-F

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Explanatory Memorandum	Approved	Yes
Form	FOOD INDUSTRY AMENDATORY ENDORSEMENT	Approved	Yes
Form	RESTAURANT WINE STOCK ENDORSEMENT	Approved	Yes
Form	FALSE PRETENSE COVERAGE	Approved	Yes

SERFF Tracking Number: TRVD-125263188 State: Arkansas

First Filing Company: NIPPONKOA Insurance Company State Tracking Number: AR-PC-07-025848
 Ltd.,(U.S.Branch), ...

Company Tracking Number: 2007-08-0048-F

TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)

Product Name: Deluxe Property Form / Rule Filing

Project Name/Number: Deluxe Property Form / Rule Filing/2007-08-0048-F

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	FOOD INDUSTRY AMENDATORY ENDORSEMENT	DX T3 27 08 07	08-2007	Endorseme Replaced nt/Amendm ent/Condi ons	Replaced Form #:0.00 DX T3 27 03 98 Previous Filing #: 1998-03-PR-657		TRANSMITT AL - DX T3 27 08 07.pdf FORM - DX T3 27 08 07.pdf
Approved	RESTAURANT WINE STOCK ENDORSEMENT	DX T4 10 08 07	08-2007	Endorseme New nt/Amendm ent/Condi ons		0.00	TRANSMITT AL - DX T4 10 08 07.pdf FORM - DX T4 10 08 07.pdf
Approved	FALSE PRETENSE COVERAGE	DX T4 11 08 07	08-2007	Endorseme New nt/Amendm ent/Condi ons		0.00	TRANSMITT AL - DX T4 11 08 07.pdf FORM - DX T4 11 08 07.pdf

PROPERTY - CASUALTY
FORMS TRANSMITTAL SUPPLEMENT

FORM TITLE	NEW FORM #	OLD FORM #	TYPE OF FORM	DESCRIPTION OF FORM REVISION
Food Industry Amendatory Endorsement	DX T3 27 08 07	DX T3 27 03 98	E-PR-O	This is a revised optional endorsement for use on our Deluxe Property Coverage Part. This endorsement contains editorial changes for clarification which includes two broadenings: a provision has been added to make it clear that any Exclusion of Loss Due to Virus or Bacteria endorsement does not apply to this coverage, and; the coverage for communicable disease now includes coverage for food contamination caused by viral as well as bacterial micro organisms.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
DELUXE PROPERTY COVERAGE PART AMENDATORY ENDORSEMENT
FOOD INDUSTRY AMENDATORY ENDORSEMENT

This endorsement modifies insurance provided under the following:

DELUXE PROPERTY COVERAGE FORM
DELUXE BUSINESS INCOME COVERAGE FORM (AND EXTRA EXPENSE)
DELUXE BUSINESS INCOME COVERAGE FORM (WITHOUT EXTRA EXPENSE)

A. CHANGES TO THE DELUXE PROPERTY COVERAGE FORM

1. Covered Property Extension

Under Section **A.2.a.**, Covered Property – Building(s) is extended to include underground piping that is on or within 1,000 feet of the described premises and is used for loading, unloading or transfer of food commodities in your food processing or distribution operations.

2. The following coverage is added to Section A.4., Additional Coverages:

Contamination, Dampness or Dryness of Atmosphere

(1) We will pay for direct physical loss of or damage to your “stock” that is Covered Property at the described premises caused by or resulting from:

(a) Contamination by a foreign substance, other than a refrigerant; or

(b) Dampness or dryness of atmosphere.

(2) The following exclusions do not apply to this Additional Coverage:

(a) Exclusion **B.2.c.(6)(a)**, dampness or dryness of atmosphere;

(b) Exclusion **B.2.c.(6)(c)**, changes in flavor, color, texture or finish, if they result from a cause of loss specifically covered under this Additional Coverage;

(c) Exclusion **B.2.c.(6)(d)**, contamination; and

(d) Exclusion **B.2.h.**, which excludes discharge, dispersal, seepage, migration, release or

escape of “pollutants” unless the discharge, dispersal, seepage, migration, release or escape is itself caused by a “specified cause of loss”.

(3) The most we will pay for loss or damage in any one occurrence under this Additional Coverage is \$250,000.

3. The Extra Expense Coverage Extension in Section A.5.m. is revised as follows:

a. The insurance provided under the Extra Expense Coverage Extension is extended to apply to the reasonable and necessary extra expense you incur to continue as nearly as possible your normal business operations following loss or damage to which the Contamination, Dampness or Dryness of Atmosphere Additional Coverage in Section **A. 2.** of this endorsement applies.

b. The Limit of Insurance that applies to the Extra Expense Coverage Extension is increased to \$25,000 in any one occurrence.

B. CHANGES TO THE DELUXE BUSINESS INCOME COVERAGE FORM (AND EXTRA EXPENSE) AND THE DELUXE BUSINESS INCOME COVERAGE FORM (WITHOUT EXTRA EXPENSE)

The following coverage is added to Section **A.3.**, **Additional Coverages:**

Food Contamination Costs

(1) If a “Public Health Authority” requires that your “operations” be suspended due to discovery of, suspicion of, or exposure to “food contamination” at your described premises for which a Business Income Limit of Insurance is shown

in the Declarations, we will pay for the following:

- (a) The actual loss of Business Income you sustain until the "suspension" is lifted by the "Public Health Authority";
- (b) Your costs to clean and sanitize your machinery and equipment as directed by the "Public Health Authority";
- (c) Your costs to replace your food declared contaminated by the "Public Health Authority"; and
- (d) Your extra costs of advertising including, but not limited to, the expense of telephone, radio, television, newspaper and other media announcements.

The Additional Condition, Coinsurance, does not apply to this Additional Coverage.

- (2) The following exclusions (which are contained in the Deluxe Property Coverage Form) do not apply to this Additional Coverage if such excluded causes of loss result in any "food contamination" to which this Additional Coverage applies:

- (a) Exclusion **B.2.c.(6)(c)**, changes in flavor, color, texture or finish;
- (b) Exclusion **B.2.c.(6)(d)**, contamination; and
- (c) Exclusion **B.2.h.**, which excludes discharge, dispersal, seepage, migration, release or escape of "pollutants" unless the discharge, dispersal, seepage, migration, release or escape is itself caused by a "specified cause of loss".

In addition, any Exclusion of Loss Due to Virus or Bacteria endorsement which is applicable to this Coverage Part does not apply to "food contamination" that results from a "communicable disease" to which this Additional Coverage applies.

- (3) The most we will pay under this Additional Coverage for the sum of all covered losses occurring during each separate 12 month period of this policy beginning with the effective date of this policy, is \$50,000. The amount payable under this Additional Coverage is additional insurance.
- (4) The Deductible that applies to Business Income Coverage also applies to this Additional Coverage.
- (5) As used in this Additional Coverage:
 - (a) "Communicable Disease" means a viral or bacterial micro-organism that induces or is capable of inducing physical illness or disease.
 - (b) "Food Contamination" means a condition in your food which has caused, or is suspected of causing, food poisoning of one or more of your patrons. Such "food contamination" must result from:
 - (i) Tainted food you have purchased from others, other than food tainted by a "communicable disease"; or
 - (ii) A "communicable disease" transmitted through human contact by one or more of your employees with your food at your described premises where this Additional Coverage applies.
 - (c) "Public Health Authority" means a governmental authority having jurisdiction over your "operations" relating to health and hygiene standards necessary to protect the general public.
 - (d) "Suspension" means the period of time that begins with the notification from a "Public Health Authority" that your "operations" are to be temporarily closed and ends with the notification from a "Public Health Authority" that your "operations" can be resumed.

PROPERTY - CASUALTY
FORMS TRANSMITTAL SUPPLEMENT

FORM TITLE	NEW FORM #	OLD FORM #	TYPE OF FORM	DESCRIPTION OF FORM REVISION
Restaurant Wine Stock Endorsement	DX T4 10 08 07	New	E-PR-O	This is a new optional endorsement for use on our Deluxe Property Coverage Part. This endorsement amends the Valuation Loss Condition so that wine held for sale in restaurant operations is valued at selling price less any discounts and expenses the insured otherwise would have had and any unpaid U.S. Government Internal Revenue taxes. Coverage on such wine is subject to a sub-limit indicated in the endorsement Schedule and a per bottle limitation.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
DELUXE PROPERTY COVERAGE PART AMENDATORY ENDORSEMENT

RESTAURANT WINE STOCK ENDORSEMENT

This endorsement modifies insurance provided under the following:

DELUXE PROPERTY COVERAGE FORM

SCHEDULE

"Restaurant Wine Stock" Limit of Insurance: \$ _____ in any one occurrence

- A.** As used in this endorsement, "restaurant wine stock" means your supply of wine that you hold for sale in your restaurant operations at the described premises.
- B.** The insurance provided under this Coverage Form for direct physical loss of or damage to Your Business Personal Property caused by or resulting from a Covered Cause of Loss applies to your "restaurant wine stock" at the described premises, subject to the following additional provisions:

- 1.** The **Valuation** Loss Condition in Section **F.7.** is amended by the addition of the following:

We will determine the value of your "restaurant wine stock", in the event of loss or damage, at the price the "restaurant wine stock" could have been sold for by you as of the time and place of loss or damage had no loss or damage occurred. This valuation on your "restaurant wine stock" includes State, County and Local taxes for which you are liable, but does not include:

- (a)** Unpaid U.S. Government Internal Revenue taxes for which you are liable; and
(b) Discounts and expenses you otherwise would have had.

- 2.** The most we will pay for loss of or damage to your "restaurant wine stock" in any one occurrence, regardless of the number of bottles or locations involved, is the "Restaurant Wine Stock" Limit of Insurance shown in the SCHEDULE of this endorsement. But in no event will we pay more for loss or damage to any one bottle of wine than four times:

- (a)** The wholesale market price of the bottle of wine at the time of loss, if replaceable in the market; or
(b) The average market listing of the bottle of wine at the time of loss, as determined by three well established and reputable wine merchants selected by us, if the bottle of wine is irreplaceable in the market.

This limit is included in, and does not increase the Limit(s) of Insurance applicable to loss of or damage to Your Business Personal Property.

PROPERTY - CASUALTY
FORMS TRANSMITTAL SUPPLEMENT

FORM TITLE	NEW FORM #	OLD FORM #	TYPE OF FORM	DESCRIPTION OF FORM REVISION
False Pretense	DX T4 11 08 07	New	E-PR-O	This is a new optional endorsement for use on our Deluxe Property Coverage Part. This endorsement provides coverage for loss or damage to Covered Property caused by or resulting from voluntary parting due to fraudulent trick, scheme, device or false pretense.

Policy Number:

ISSUE DATE:

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
DELUXE PROPERTY COVERAGE PART AMENDATORY ENDORSEMENT**

FALSE PRETENSE COVERAGE

This endorsement modifies insurance provided under the following:
DELUXE PROPERTY COVERAGE FORM

A. SCHEDULE

	<u>Limit of Insurance</u>
False Pretense Coverage	\$

B. The following is added to Section A.4. Additional Coverages:

False Pretense

1. We will pay for loss of or damage to Covered Property when you, or anyone to whom you have entrusted the Covered Property, voluntarily part with such Covered Property due to any fraudulent scheme, trick, device or false pretense. However, we will not pay for loss of or damage to Covered Property when the person committing the fraudulent scheme, trick, device or false pretense is an "employee".
2. The most we will pay in any one occurrence under this Additional Coverage is the Limit of Insurance shown in the Schedule above.
3. **Exclusion B.2.i.** does not apply to coverage provided under this Additional Coverage.

<i>SERFF Tracking Number:</i>	<i>TRVD-125263188</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>NIPPONKOA Insurance Company Ltd.,(U.S.Branch), ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025848</i>
<i>Company Tracking Number:</i>	<i>2007-08-0048-F</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Deluxe Property Form / Rule Filing</i>		
<i>Project Name/Number:</i>	<i>Deluxe Property Form / Rule Filing/2007-08-0048-F</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: TRVD-125263188 State: Arkansas
First Filing Company: NIPPONKOA Insurance Company State Tracking Number: AR-PC-07-025848
Ltd.,(U.S.Branch), ...
Company Tracking Number: 2007-08-0048-F
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied
Lines)
Product Name: Deluxe Property Form / Rule Filing
Project Name/Number: Deluxe Property Form / Rule Filing/2007-08-0048-F

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 08/21/2007

Comments:

Attachments:

NAIC Transmittal.pdf
NAIC Form Filing Schedule.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 08/21/2007

Comments:

Attachment:

FORMS - letter - 2007-08-0048 - F.pdf

Satisfied -Name: Explanatory Memorandum **Review Status:** Approved 08/21/2007

Comments:

Attachment:

FORMS - FILING MEMORANDUM.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">a. Date the filing is received:</td></tr> <tr><td colspan="2">b. Analyst:</td></tr> <tr><td colspan="2">c. Disposition:</td></tr> <tr><td colspan="2">d. Date of disposition of the filing:</td></tr> <tr><td colspan="2">e. Effective date of filing:</td></tr> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> <tr><td colspan="2">f. State Filing #:</td></tr> <tr><td colspan="2">g. SERFF Filing #:</td></tr> <tr> <td>h. Subject Codes</td> <td></td> </tr> </table>	a. Date the filing is received:		b. Analyst:		c. Disposition:		d. Date of disposition of the filing:		e. Effective date of filing:		New Business		Renewal Business		f. State Filing #:		g. SERFF Filing #:		h. Subject Codes	
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3. Group Name	Group NAIC #
The Travelers Companies, Inc.	3548
NIPPONKOA Insurance Company, Ltd.	2558

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
The Travelers Indemnity Company	CT	25658	06-0566050	
The Charter Oak Fire Insurance Company	CT	25615	06-0291290	
The Travelers Indemnity Company of Connecticut	CT	25682	06-0336212	
The Travelers Indemnity Company of America	CT	25666	58-6020487	
The Phoenix Insurance Company	CT	25623	06-0303275	
Travelers Property Casualty Company of America	CT	25674	36-2719165	
NIPPONKOA Insurance Company, Ltd.	NY	27073	98-0032627	

5. Company Tracking Number	2007-08-0048-F
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Margaret M. Salsbury Travelers One Tower Square Hartford, CT 06183	Senior Regulatory Analyst	(860) 277-6470	(860) 954-0580	MSALSBUR@Travelers.com

7. Signature of authorized filer	<i>Margaret M. Salsbury</i>
8. Please print name of authorized filer	Margaret M. Salsbury

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	01.0
10. Sub-Type of Insurance (Sub-TOI)	01.0001
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	n/a
12. Company Program Title (Marketing title)	n/a
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 10-01-2007 Renewal: 10-01-2007
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	n/a
17. Reference Organization # & Title	n/a
18. Company's Date of Filing	08-20-2007
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	2007-08-0048-F
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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In compliance with the insurance laws and regulations in your state, our companies respectfully submit a revision to our proprietary commercial property program, Deluxe.

The purpose of this filing is to file a revision to our Food Industry Amendatory Endorsement – DX T3 27 08 07, along with the introduction of two new optional endorsements Restaurant Wine Stock Endorsement – DX T4 10 08 07 and False Pretense – DX T4 11 08 07 for use with our Deluxe Property Coverage Part which is part of our independently filed OMNI II Program.

For a detailed explanation of our forms please refer to the enclosed filing memorandum along with the applicable forms transmittal supplements.

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: n/a - EFT

Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		2007-08-0048-F		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		2007-08-0048-R		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Food Industry Amendatory Endorsement	DX T3 27 08 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	DX T3 27 03 98	1998-03-PR-657
02	Restaurant Wine Stock Endorsement	DX T4 10 08 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	False Pretense	DX T4 11 08 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		



Margaret M. Salsbury
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Regulatory Affairs, Business Insurance
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August 20, 2007

Commissioner Julie Benafield Bowman
Commissioner of Insurance
State of Arkansas
1200 West Third Street
3rd and Cross
Little Rock, AR 72201-1904

Commercial Property
Deluxe Property – Form Filing
Company Filing Number: 2007-08-0048 - F

The Travelers Indemnity Company	3548-25658
The Charter Oak Fire Insurance Company	3548-25615
The Travelers Indemnity Company of Connecticut	3548-25682
The Travelers Indemnity Company of America	3548-25666
The Phoenix Insurance Company	3548-25623
Travelers Property Casualty Company of America	3548-25674
NIPPONKOA Insurance Company, Ltd. (U. S. Branch)	2558-27073

Dear Commissioner Benafield Bowman:

In compliance with the insurance laws and regulations in your state, our companies respectfully submit a revision to our proprietary commercial property program, Deluxe.

The purpose of this filing is to file a revision to our Food Industry Amendatory Endorsement – DX T3 27 08 07, along with the introduction of two new optional endorsements Restaurant Wine Stock Endorsement – DX T4 10 08 07 and False Pretense – DX T4 11 08 07 for use with our Deluxe Property Coverage Part which is part of our independently filed OMNI II Program. For a detailed explanation of our forms please refer to the enclosed filing memorandum along with the applicable forms transmittal supplements.

We plan to implement these changes with respects to policies effective on or after October 1, 2007.

Your approval of this filing will be appreciated. Should you have any questions regarding this submission, please feel free to contact me at your convenience.

Sincerely,

Margaret M. Salsbury
Senior Regulatory Analyst
MS/ts
Enclosures

FILING MEMORANDUM
DELUXE PROPERTY – FORMS

The purpose of this filing is to file a revised optional endorsement, Food Industry Amendatory Endorsement (DX T3 27 08 07). The revision for this endorsement is outlined below:

FOOD INDUSTRY AMENDATORY ENDORSEMENT (DX T3 27 08 07)

Under this endorsement:

- Editorial changes have been made for clarification which includes two broadenings: a provision has been added to make it clear that any Exclusion of Loss Due to Virus or Bacteria endorsement does not apply to this coverage, and; the coverage for communicable disease now includes coverage for food contamination caused by viral as well as bacterial microorganisms.

The purpose of this filing is to file a new optional endorsement, Restaurant Wine Stock Endorsement (DX T4 19 08 07). The description of this endorsement is outlined below:

RESTAURANT WINE STOCK ENDORSEMENT (DX T4 10 08 07)

Under this endorsement:

- The Valuation Loss Condition is amended so that wine held for sale in restaurant operations is valued at selling price less any discounts and expenses the insured otherwise would have had and any unpaid U.S. Government Internal Revenue taxes. Coverage on such wine is subject to a sub-limit indicated in the endorsement Schedule and a per bottle limitation.

The purpose of this filing is to file a new optional endorsement, False Pretense (DX T4 11 08 07). This endorsement is outlined below:

FALSE PRETENSE (DX T4 11 08 07)

Under this endorsement:

- Coverage is provided for loss or damage to Covered Property caused by or resulting from voluntary parting due to fraudulent trick, scheme, device or false pretense.